State: District of Columbia Filing Company: Combined Insurance Company of America

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: 2017 LTC Replacement and Lapse Report

Project Name/Number: /

#### Filing at a Glance

Company: Combined Insurance Company of America
Product Name: 2017 LTC Replacement and Lapse Report

State: District of Columbia

TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other

Filing Type: Form

Date Submitted: 05/04/2018

SERFF Tr Num: ACEH-131487807 SERFF Status: Closed-APPROVED

State Tr Num: State Status: Co Tr Num:

Implementation On Approval

Date Requested:

Author(s): Nancy Sieder

Reviewer(s): Colin Johnson (primary)

Disposition Date: 05/07/2018
Disposition Status: APPROVED
Implementation Date: 05/07/2018

State: District of Columbia Filing Company: Combined Insurance Company of America

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

Product Name: 2017 LTC Replacement and Lapse Report

Project Name/Number: /

**General Information** 

Project Name: Status of Filing in Domicile: Pending

Project Number: Date Approved in Domicile:

Requested Filing Mode: Informational Domicile Status Comments: Illinois is the domicile state.

Illinois requires that the LTC Replacement and Lapse Report form be mailed to the Illinois Department of Insurance by June 30, 2018. Combined Insurance's form was mailed to the

Illinois Department of Insurance on April 18, 2018.

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small and Large

Group Market Type: Employer, Association Overall Rate Impact:

Filing Status Changed: 05/07/2018

State Status Changed: Deemer Date:

Created By: Nancy Sieder Submitted By: Nancy Sieder

Corresponding Filing Tracking Number:

Filing Description:

Attached please find Combined Insurance Company of America's Long Term Care Replacement and Lapse Reporting Form for 2017. The information being provided represents 2017 replacement and lapse activity for Acceleration of Death Benefit for Long Term Care riders attached to Lifetime Benefit Term group life certificates sold by Combined Insurance in the District of Columbia.

## **Company and Contact**

**Filing Contact Information** 

Nancy Sieder, Paralegal nancy.sieder@combined.com

Combined Insurance Company 872-304-6217 [Phone] 8750 W Bryn Mawr Avenue 872-304-6003 [FAX]

7th Floor

Chicago, IL 60631

**Filing Company Information** 

Combined Insurance Company of CoCode: 62146 State of Domicile: Illinois America Group Code: 626 Company Type: A&H

8750 W Bryn Mawr Avenue Group Name: Chubb State ID Number:

7th Floor FEIN Number: 36-2136262

Chicago, IL 60631

(872) 304-6223 ext. [Phone]

Filing Fees

Fee Required? No Retaliatory? No

Fee Explanation:

State: District of Columbia Filing Company: Combined Insurance Company of America

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

**Product Name:** 2017 LTC Replacement and Lapse Report

Project Name/Number: /

# **Correspondence Summary**

**Dispositions** 

Status	Created By	Created On	Date Submitted
APPROVED	Colin Johnson	05/07/2018	05/07/2018

State: District of Columbia Filing Company: Combined Insurance Company of America

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

**Product Name:** 2017 LTC Replacement and Lapse Report

Project Name/Number: /

### **Disposition**

Disposition Date: 05/07/2018 Implementation Date: 05/07/2018

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	2017 Long Term Care Replacement and Lapse Report and cover letter	APPROVED	Yes

State: District of Columbia Filing Company: Combined Insurance Company of America

TOI/Sub-TOI: LTC06 Long Term Care - Other/LTC06.000 Long Term Care - Other

**Product Name:** 2017 LTC Replacement and Lapse Report

Project Name/Number: /

# **Supporting Document Schedules**

Satisfied - Item:	2017 Long Term Care Replacement and Lapse Report and cover letter
Comments:	Attached is Combined Insurance Company of America's 2017 Long Term Care Replacement and Lapse Report and an explanatory cover letter.
Attachment(s):	DC 2017 Replacement Lapse Cover letter.pdf District of Columbia 2017 Replacement Lapse Report form.pdf
Item Status:	APPROVED
Status Date:	05/07/2018



April 23, 2018

#### FILED VIA SERFF

The Honorable Stephen C. Taylor Commissioner of Insurance District of Columbia Department of Insurance 810 First Street, N.E. Suite 701 Washington, D.C. 20002

RE: Long Term Care Replacement Reporting Form
Combined Insurance Company of America ("CICA"), NAIC # 62146

**Dear Commissioner Taylor:** 

Enclosed please find CICA's Long Term Care Replacement and Lapse Reporting Form for 2017. The information being provided represents 2017 replacement and lapse activity for Acceleration of Death Benefit for Long Term Care riders attached to Lifetime Benefit term group life certificates sold by CICA, which have members who are residents of the District of Columbia.

Please contact me at 872.304.6217 or email <a href="mailto:nancy.sieder@combined.com">nancy.sieder@combined.com</a> should you have any questions.

Sincerely,

**Nancy Sieder** 

	Replacement and La	pse Reporting Form	n		
For the State of: Distric	For	For the Reporting Year of: 2017			
Company Name: Comb	ined Insurance Company	of America Due	Due: June 30 annually		
Company Address: 8750	0 W. Bryn Mawr Avenue, 0	Chicago, IL 60631			
Company NAIC Number	: 62146				
Contact Person: Nancy	Sieder Pho	ne Number: (800) 22	25-450	00	
Instructions:					
policy replacements and I agent's amount of long-te sales and the amount of la agent's total annual sales insurer's agents with the g	s to report on statewide bas apses. Specifically, every i rm care insurance replacen apses of long-term care insu . The tables below should la greatest percentages of rep ents with the Greatest Pe	nsurer shall maintain nent sales as a percel urance policies sold b be used to report the lacements and lapses	record nt of the by the ten pe	ds for each agent on that he agent's total annual agent as a percent of the ercent (10%) of the	
Agent's Name	Number of Policies Sold by This Agent	Number of Policies Replaced by This A		Number of Replace Number Sold By This Agent	
N/A	0	0		0	
Listing of the 10% of Ag	ents with the Greatest Pe	rcentage of Lanses:			
Agent's Name	Number of Policies Sold by This Agent	Number of Policies Lapsed by This Age		Number of Lapses and Number Sold By This Agent	
Gallagher Benefit Services	3	14		0.214	
Company Totals:	ent Policies Sold to Total An	onual Salas O	0/		
r ercentage of Neplaceme	ent Policies Sold to Total An	inual Sales0	_70		
Percentage of Replacement year 0%	ent Policies Sold to Policies	in Force (as of the er	nd of th	ne preceding calendar	
Percentage of Lapsed Pol	licies to Total Annual Sales	0.285%			
Percentage of Lapsed Pol0.225%	licies to Policies in Force (a	s of the end of the pre	ecedin	ng calendar year)	